

Pto/Sb/122(05-03)

H 8

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/929,276
Filing Date	August 13, 2001
First Named Inventor	Samra Sukendeeep
Group Art Unit	2672
Examiner Name	Daniel J. Chung
Attorney Docket Number	020699-004500US

Please change the Correspondence Address for the above-identified application to

Customer No: 37490**RECEIVED**

FEB 10 2004

Technology Center 2600

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name Charles J. Kulas, Reg. No. 35,809

Signature

Date

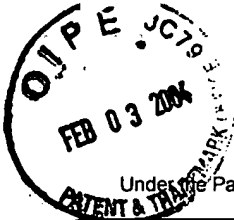
1-23-04

Telephone

650-842-0300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.



2672

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/929,276	
	Filing Date	August 13, 2001	
	First Named Inventor	Samra Sukendeeep	
	Group Art Unit	2672	
	Examiner Name	Daniel J. Chung	
Total Number of Pages in this Submission	2	Attorney Docket Number	020699-004500US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Confirmation postcard RECEIVED FEB 10 2004 Technology Center 2600
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Charles J. Kulas, Reg. No. 35,809
Signature	
Date	1-23-04

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, Arlington, VA 22313-1450 on this date: _____		
Name (Print/Type)	Erica L. Canonizado	
Signature		Date January 28, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send fees and completed forms to the following address: Mail Stop FILL THIS IN Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.